

# Intensive In-Home Services Training

Training materials developed for NC Division of MH/DD/SAS by Behavioral Healthcare Resource Program/  
Jordan Institute for Families/School of Social Work/University of North Carolina at Chapel Hill (12/06)

# Intensive In Home Services Definition

- **Intensive In Home Services** is an intensive, time-limited mental health service for youth and their families, provided in the home, school, and community where the youth lives, with the goal of safely maintaining the youth in the least restrictive, most normative environment. IIHS may include a range of mental health and supportive services with the main focus of ameliorating the youth's mental health issues and strengthening the family structures and supports.

# Service Definition: Intensive In-Home Services

- Structured, time-limited family preservation service involving recipient and his/her family
- Intended to stabilize the living arrangement, promote reunification, or prevent out of home placement of the recipient
- Delivered primarily in recipient's home with a family focus
- Team based service with evidence of team process

# Time Limited Services

- Service is designed to stabilize the youth in current placement and teach skills necessary for ongoing family success
- Services are time limited and range from 3 to 5 months in duration depending on the presenting stabilization needs of the youth and family

# Availability

- IIHS staff must provide 24/7/365 first responder crisis response
- 24/7 response by staff that will maintain contact and intervene as one (1) organizational unit

# Service Order

- A service order for Intensive In-Home services must be completed by a physician, licensed psychologist, physician's assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.

# Crisis Management

- Planning, response, stabilization, & prevention
- Careful planning in preparation of a crisis
- Diffuse the current crisis
- Evaluate its nature
- Intervene to reduce the likelihood of a recurrence

# Availability and Response

- 24/7/365 first responder crisis response
- Immediate response to crisis
- Response from primary provider
- Face to face as needed

# Community Support Functions

- Ensure linkage to needed community services and resources

# Skills Training

- Provide self help and living skills training for youth
- Provide parenting skills training to help the family build skills for coping with the youth's disorder

# Symptom Management

- Monitor and manage the presenting psychiatric and/or addiction symptoms

# Functional Domains

Services are structured and delivered face-to-face to provide support and guidance in all areas of functional domains:

- Adaptive
- Communication
- Psychosocial
- Problem solving
- Behavior management

# Provider Requirements

- IHS must be delivered by practitioners employed by a mental health/substance abuse provider organization that meets the provider qualification policies and procedures established by DMH and the requirements of 10A NCAC 271.0208 (Endorsement of Providers)
- Endorsement by LME
- National accreditation within three years of enrollment
- Organization must be legally recognized in the US and registered to do business as a corporate entity in the state of North Carolina

# First Responder

- Organizations that provide IIHS must provide “first responder” crisis response on a 24/7/365 basis to recipients who are receiving this service

# Location of the Service

- Service is delivered where youth and family live and function (home, school, and community)

# Location of the Service

- IHS providers must have the ability to deliver services in various environments, such as homes, schools, detention centers and jails (state funds only—subject to availability of funds), homeless shelters, street locations, etc.
- Services are delivered face-to-face with the consumer and/or family and in locations outside the agency's facility

# Staffing Requirements

- Licensed professional; and
- A minimum of 2 staff who are AP's or Provisionally Licensed and who have the knowledge, skills, and abilities required by the population and age to be served
- IHS interventions focused on substance abuse must include a CCS, CCAS, or CSAC on the team

# Staffing Requirements

- Supervision is provided according to supervision requirements in 10A NCAC 27G.0104 and to licensure and certification requirement of the appropriate discipline

# Licensed Professional

- Team Leader
- Responsible for coordinating the initial assessment and developing the youth's Person Centered Plan (PCP)
- Responsible for providing or coordinating (with another licensed professional) treatment for the youth or other family members

# Staff Training

- All staff must have a minimum of 1 year documented experience with this population.
- All staff must complete the intensive in-home services training.
- All new hires must complete the IIH services training within the first 90 days of employment.

# Case-load Size

- Small caseloads
- Team to Family Ratio shall not exceed one to eight (1 to 8) for each three person team

# Service Type

- IIH services are direct and indirect services where the team provides direct intervention and also arranges, coordinates, and monitors services on behalf of the recipient
- IIH services also include telephone time with the individual recipient and collateral contact with persons who assist the recipient in meeting their goals specified in their PCP

# Medicaid Exclusions

- For all services, federal Medicaid regulations will deny Medicaid payment for services delivered to inmates of public correctional institutions or for patients in facilities with more than 16 beds that are classified as Institutions of Mental Diseases

# Intensity

- **Frequency:** 2 to 5 meetings weekly  
(depends on stage of intervention:  
increased frequency at beginning and  
during crisis periods; decreased  
frequency near time of discharge)
- **Duration:** Length of sessions matches  
youth and family needs and averages a  
total of 4 to 8 hours per week per family

# Intensity

- Services are generally more intensive at the beginning of treatment and decrease over time as the youth and family's coping skills develop

# IIHS Service Standard

- First Month: A minimum of 12 contacts must occur. One contact will equal all visits occurring in a 24 hour period of time starting at 7am
- Second and Third Month: An average of 6 contacts per month must occur
- Service frequency will be titrated over the last two months

# Billing

- Units will be billed on a per diem basis with a minimum of 2 hours per day

# Quality Assurance Benchmarks

- Aggregate services that have been delivered will be assessed annually for each provider agency
- Services are primarily delivered face-to-face with the consumer and/or family and in locations outside the agency's facility

# Quality Assurance Benchmarks

- 60% of the contacts occur face-to-face with the youth and/or family.
- The remaining units may either be phone or collateral contacts
- 60% or more of staff time must be spent working outside of the agency's facility, with or on behalf of the recipients

# Utilization Management

- Authorization by the statewide vendor or the LME is required
- The amount, duration, and frequency of the service must be included in a recipient's Person-Centered Plan
- Initial authorization for services may not exceed 30 days
- Reauthorization will occur every 60 days thereafter and is so documented in the PCP and service record

# Entrance Criteria

All of the following must be met:

- Axis I or II diagnosis present other than a sole diagnosis of Developmental Disability; **AND**
- Treatment in a less intensive service (e.g., community support) was attempted or evaluated during the assessment but was found to be inappropriate or not effective; **AND**

# Entrance Criteria

- The youth and/or family have insufficient or severely limited resources or skills necessary to cope with an immediate crisis; **AND**
- The youth and/or family issues are unmanageable in school based or behavioral program settings and require intensive coordinated clinical and positive behavioral interventions; **AND**
- The youth is at risk of out-of-home placement or is currently in an out-of-home placement and reunification is imminent.

# Continued Stay Criteria

- The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the youth's PCP or the youth continues to be at risk for out-of-home placement:

# Continued Stay Criteria

All of the following must be met to meet continued stay criteria:

- A. Recipient has achieved initial PCP goals and additional goals are indicated; **AND**
- B. Recipient is making satisfactory progress toward meeting goals; **AND**
- C. Recipient is making some progress, but the PCP (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's pre-morbid level of functioning, are possible or can be achieved

# Continued Stay Criteria

Or

D. Recipient is not making progress; the PCP must be modified to identify more effective interventions

Or

E. Recipient is regressing: the PCP must be modified to identify more effective interventions

# Discharge Criteria

- Service recipient's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

# Discharge Criteria

- A. Recipient has achieved goals: discharge to a lower level of care is indicated, or recipient has entered a Substance Abuse Intensive Out-Patient Program; **OR**
- B. The youth and families/caregivers have skills and resources needed to step down to a less intensive service; **OR**
- C. There is a significant reduction in the youth's problem behavior and/or increase in pro-social behaviors; **OR**

# Discharge Criteria

- D. The youth's or parent/guardian requests discharge (and is not imminently dangerous to self or others); **OR**
- E. An adequate continuing care plan has been established; **OR**
- F. The youth requires a higher level of care (i.e., inpatient hospitalization or PRTF).

# Appeal Rights

- Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights

# Documentation Requirements

Minimum standard is a daily note for services provided that includes:

- The recipient's name; and
- Medicaid identification number; and
- Date of service; and
- Purpose of contact; and
- Describes the provider's interventions; and
- The time spent performing the intervention; and
- The effectiveness of interventions; and
- The signature of the staff providing the service.

# Expected Outcomes

- The individual's living arrangement has been stabilized
- Crisis needs have been resolved
- Linkage has been made with needed community service/resources
- Youth has gained living skills
- Parenting skills have been increased
- Need for out of home placements has been reduced/eliminated

# Service Exclusions

- An individual can receive IIHS from only one Intensive In-Home provider organization at a time

# Service Exclusion

Intensive In-Home Services CANNOT be provided during the same authorization period with the following services:

- Multisystemic Therapy
- Day Treatment
- Hourly Respite
- Individual Therapy
- Family Therapy
- Group Therapy
- SAIOP
- Level II-IV child residential facility

# Service Limitation

CSS can be billed for a maximum of 8 units per month in accordance with the PCP for individuals receiving IIH for the purpose of:

- Facilitating transition to the service
- Admission to the service
- Meeting with the person as soon as possible upon admission
- Providing coordination during the provision of service
- Ensuring that the service provider works directly with the CS professional and discharge planning